STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45115, Olympia, Washington 98504-5010

December 16, 2003

The Honorable Joseph Zarelli, Chair
Senate Ways and Means
Post Office Box 40482
Olympia, Washington 98504-0482

Dear Senator Zarelli:

The Mentally Ill Offender Community Transition Program began in July 1998. It was created in response to RCW 71.24.450 and was charged with developing post-release mental health care and housing for up to 25 mentally ill offenders entering community living. A brief overview of the program is enclosed. As required by law, the Department of Social and Health Services, the Department of Corrections and the King County Department of Community and Human Services are providing the reoffense rate for Mentally Ill Offender Community Transition Program enrollees. Specifically, the statute reads:

> "By December 1, 2003, the department shall certify the reoffense rate for enrollees in the program authorized by RCW 71.24.455 to the office of financial management and the appropriate legislative committees. If the reoffense rate exceeds fifteen percent, the authorization for the department to conduct the program under RCW 71.24.455 is terminated on January 1, 2004." **[RCW 71.24.460]**

We are reporting a 14.3 percent felony recidivism rate for the mature program. This figure is the percentage of program participants with at least two years in the community post-release who have been convicted of a new felony excluding those enrolled during the first year of operation.

The recidivism rate of 14.3 percent represents three of 21 individuals with a minimum of two years release time who have been treated in the Mentally Ill Offender Community Transition Program after the first year of operation. Results from the first year of operation are not considered representative of current programming. If first year participants are included the recidivism rate rises to 34 percent. We have chosen to exclude these early participants as the project underwent a number of significant changes and developments during the first year.

These changes included better screening for chronic mental illness, earlier identification of dual diagnosis (i.e. substance abuse and mental health disorders) treatment needs, and a significantly enhanced co-occurring mental health and substance abuse treatment regimen.

This exclusion of the first year participants is not unusual in program evaluations. "Sometimes evaluations of new programs are expected to address questions of impact and efficiency, but the unsettled nature of the programs in their beginning years most often makes those issues premature. It can easily take a year or more for a new program to establish facilities, acquire and train staff, make contact with the target population, and develop its services to the desired level. During this period, it may not be realistic to expect much impact on the social conditions toward which the program is directed." (Peter H. Rossi, Howard E. Freeman & Mark W. Lipsey (1999). Evaluation: A Systematic Approach, SAGE, Thousand Oaks, CA, P 45).

The recidivism rate of 14.3 percent is within the prescribed parameters to continue the statutory authority for the program. State law terminates the authority for the program if the recidivism rate exceeds 15 percent. While we do not know the origin of the 15 percent recidivism rate target, at the time of the original legislation the California Conditional Release Program (CONREP) had been discussed in this state as a model; re-offense rates have been published as falling in the five to 18 percent range (Wiederanders, 1993).

However, the CONREP program has significant differences from Washington's Mentally Ill Offender Community Transition Program. The largest percentage of CONREP participants are judged not guilty by reason of insanity and these individuals are confined to a state hospital setting for treatment, rather than prison, and transitioned to community treatment by a forensic conditional release program. Considerable legal control is maintained over these offenders, and they are frequently returned to hospitalization at the first signs of deteriorating mental health. Approximately 75 percent of re-hospitalizations are for behaviors that would not warrant arrest.

A more relevant comparison group is found in a study of Washington State mentally ill offenders (Lovell, Gagliardi, & Peterson, 2002) who were released in 1996/1997 before the legislature instituted this project. This group of offenders, similar to the Mentally Ill Offender Community Transition Program offenders, were followed for an average of 39 months and found to have a felony recidivism rate of 40.2 percent. *The 14.3 percent for the Mentally Ill Offender Community Transition Program rate represents a 280 percent reduction in recidivism compared to this group.*

The positive outcomes of this program continue to demonstrate that this model of providing intensive community services in a highly coordinated and integrated manner provides both increased therapeutic services and increased community protection. We appreciate the opportunity this legislation provides and look forward to continuing to use the program to enhance our ability to work successfully with this challenging population.

If you have any questions regarding this information, please call Karl Brimner, Director, Mental Health Division, Department of Social and Health Services at (360) 902-0790.

Sincerely,

DENNIS BRADDOCK
Secretary
Department of Social and Health Services

JOSEPH D. LEHMAN
Secretary
Department of Corrections

JACKIE MACLEAN
Director
King County Department of Community and Human Services

Enclosure

Overview
Mental Ill Offender Community Transition Program

November 2003

The Mentally Ill Offender Community Transition Program began in July 1998. It was created in response to RCW 71.24.450, and was charged with developing post-release mental health care and housing for a group of up to 25 mentally ill offenders entering community living. The goal of the program is to reduce incarceration costs, increase public safety, and improve the offender's chances of succeeding in the community.

A collaborative oversight committee consisting of representatives from the Department of Social and Health Services, the Department of Corrections and the King County Regional Support Network develops policies and processes necessary to implement the program, resolves program issues, and provides program direction.

The program is administered by the Mental Health Division, Department of Social and Health Services which contracts with the King County Regional Support Network to develop and implement the program. King County Regional Support Network contracts with Seattle Mental Health and its subcontractor, Pioneer Human Services, to provide the statutorily required service components. Both organizations are licensed mental health and substance abuse agencies with a history of collaboration in providing an integrated program of mental health, substance abuse, residential, vocational and community-based corrections services. Each organization is staffed with a wide range of mental health professionals who possess forensic and clinical experience. Evaluation and outcome data collection and analysis is provided by Northwest Resource Associates, a private non-profit organization with extensive experience in evaluation community mental health programs.

Program participants are selected utilizing specific selection criteria based on the statutorily mandated elements and good clinical practice. Candidates are referred from four correctional facilities, or "launch sites" and screened by the Department of Corrections for program appropriateness. A multidisciplinary selection committee reviews all candidates and makes selection decisions.

Major Program Components

Coordinated Pre-release Planning includes outreach and engagement in the prison; intake, assessment, and individual treatment planning; entitlement application; and release planning up to three months prior to release.

Intensive Post-release Case Management mitigates transition risks, provides ongoing assessment of decompensation and/or relapse risk, coordinates individual and group treatment services with a multi-disciplinary staff of psychiatrist, nurse practitioner, registered nurse, substance abuse counselor, community corrections officer, and

residential house manager. Structured programming and individual 24-hour crisis response plans are implemented.

Residential Support Services include a housing subsidy of $6,600 per year, onsite housing manager, and monitored living for the primary initial housing option.

Community Supervision is closely coordinated with a Department of Corrections Community Corrections Officer assigned to this program and who is an integral part of the treatment team. While not a requirement for the program, community supervision enhances the structure for smooth transitions.

Co-occurring Disorders Treatment addressing immediate use syndrome, non-incrimination themes, and ensured compliance techniques are implemented by mental health staff cross-trained in substance abuse treatment and supported by community corrections programs directed at substance abuse.

Employment services are an important component of the program. Each participant is evaluated for employment activity or educational pursuit. Productivity may include participation in day treatment, intensive programming or engaging in volunteer activity.

Program participants average approximately 4.5 hours of treatment per week. Just over two hours per week are for individual treatment and slightly more than one hour per week is group treatment. Additional treatment services average just over one hour per week and include medication management, treatment planning and day treatment.

The Mentally Ill Offender Community Transition Program has been recognized in the community for its exemplary work in coordinating services across systems by the *2000 Exemplary Service Award* from King County's Mental Health, Chemical Abuse and Dependency Services Division, in the Service Innovation category. The program has also served as a model for the more recently instituted statewide Dangerously Mentally Ill Offender Treatment initiative. More recently we have been asked to permit a summary of the Mentally Ill Offender Community Transition Program to be included in a report by The Urban Institute, a Washington D.C. "nonpartisan economic and social policy research organization", on the issue of prisoner reentry.